Docket No.: 541.1027

DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: PHARMACEUTICAL DISINTEGRANT, the specification of which (check one)

X — is attached hereto

— — was filed on _____ as Application Serial No. _____ and was amended on _____ (if applicable).

X — I hereby authorize and request our attorney, Davidson, Davidson & Kappel, LLC. of 485 Seventh Avenue, New York, New York 10018 to insert here in parentheses (Application number 09/731,238, filed December 6, 2000) the filing date and application number of said application when known.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information which is known to me to be material to the patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign and/or provisional application(s) for patent or inventor's certificate listed below and have also identified below any foreign and/or provisional application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

PRIOR APPLICATION(S)			Priority claimed	
60/169,174 (Number)	United States (Country)	December 6, 1999 (Day/Month/Year Filed)	X Yes	— No
(Number)	(Country)	(Day/Month/Year Filed)	— Yes	— No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial Number)	(Filing Date)	(Status) (patented, pending, abandoned)
(Application Serial Number)	(Filing Date)	(Status) (patented, pending, abandoned)

And I hereby appoint Clifford M. Davidson, Registration No. 32,728, Leslye B. Davidson, Registration No. 38,854, Cary S. Kappel, Registration No. 36,561, William C. Gehris, Registration No. 38,156, Morey B. Wildes, Registration No. 36,968, Robert J. Paradiso, Registration No. 41,240, Scott L. Appelbaum, Registration No. 41,587, Cynthia R. Moore, Registration No. 46,086, David Kraslak, Registration No. 45,991, Salvatore J. Matorino, Registration No. 42,830, my attorneys, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith; correspondence address: DAVIDSON, DAVIDSON & KAPPEL, LLC, 1140 Avenue of the Americas, 15th Floor, New York, New York 10036; Telephone: (212) 997-1028; Fax: (212) 997-1037.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first Inventor John STANIFORTH

Inventor's signature John Staniforth

Date 5 DEC 2000

Residence (city) Bath, (state or country) United Kingdom

Citizenship Great Britian

Post Office Address: High Trees, 170 Bloomfield Road, Bath, BA2 7AY, United Kingdom

Full name of joint Inventor, if any _____

Second Inventor's signature _____

Date _____

Residence (city) _____, (state or country) _____

Citizenship _____

Post Office Address: _____